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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	54000001		CITY OR TO	WN]	HOLYOKE	
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSE	ED FOR 20	13
		CLASS			,	YEAR
LICENSEE NAME: P	op's Café					
DOING BUSINESS A						
ADDRESS 054-56 ADA	AMS ST					
CITY/TOWN: HOLYO	OKE	STATE: M	A ZIP CODE	Ξ:	01040	
MANAGER: Poplaws	ki, Katheryn TYF	PE OF LICENSE:	Restaurant	CAT	ΓEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICE TWO ROOMS, FIRST I hereby certify and swe 1. the renewed 2. the licensee I 3. the premises SIGNED BY	FLOOR. CELLAI ar under penalties license will be of nas complied with are now open for	of perjury that: the same type for	the same premises ommonwealth relationships the same premises of the sam			
DATE:	TELEPHON	E NUMBER:				ION NUMBER:
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	spector and the h	ead of the fire depaired	oartme	ent for the hapter 116	above of the Acts
Please Check Below: APPROVED:			LOCAL LIC	ENSIN	NG AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054000004		CITY OR TOWN	HOLYOKE
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	FIORE'S PIZZA &	& RESTAURANT,	INC.	
DOING BUSINESS	A CAPRI PIZZA &	& RESTAURANT		
ADDRESS 018-20 (CABOT ST.			
CITY/TOWN: HO	LYOKE	STATE: MA	ZIP CODE:	01040
MANAGER: SAN FIOI		PE OF LICENSE:	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	ISES:		
			MER AND CABOT S	TS, REAR EXITS
I hereby certify and	•			
			he same premises nov	
	ises are now open for		mmonwealth relating	to taxes; and
3. the premi	ises are now open for	i business (ii not ex	piani ociow)	
SIGNED BY				
	Individual, Partne	er or Authorized Con	porate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the ho	ad of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000005	C	ITY OR TOWN I	HOLYOKE
APPLICATION FOR RENEWAL	.: Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: UNION CL	UB OF HOLYOKE INC. THE		
DOING BUSINESS A			
ADDRESS 37 COMMERICAL S	Γ.		
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE:	01040
MANAGER: LEARY, THOMA	S TYPE OF LICENSE: Club	CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED F FIRST FLOOR, CELLAR FOR S' I hereby certify and swear under pe 1. the renewed license wil 2. the licensee has compli 3. the premises are now of SIGNED BY	ΓORAGE, second floor for stor	rage me premises now lice nwealth relating to to below)	
DATE: TELE	EPHONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head o	f the fire departme	nt for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	G AUTHORITY
DATE:			



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LICENSE NUMBER:)54000006		CITY OR TOWN HOL	LYOKE
APPLICATION FOR I	RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	DELANEY RES	TAURANT, INC.		
DOING BUSINESS A	DELANEY HO	OUSE		
ADDRESS 1 COUNTI	RY CLUB ROA	D		
CITY/TOWN: HOLY	OKE	STATE: MA	ZIP CODE: 010	40
MANAGER: ROSSK PETER		YPE OF LICENSE: Res	staurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LI				
			DINING ROOMS, 1 PRIV 3 ROOMS-2 ENTRANCE	
I hereby certify and swe	ear under penalt	ies of perjury that:		
1. the renewed	license will be	of the same type for the	same premises now licens	ed;
2. the licensee	has complied w	ith all laws of the Comr	nonwealth relating to taxes	s; and
3. the premises	s are now open f	or business (If not explain	ain below)	
SIGNED BY				
	Individual, Partr	ner or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, signed b	by the building	inspector and the head	e certificate required by I of the fire department f rance required by Chapt	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:	٦		By:	
DISAPPROVED:				
(If disapproved explain	.)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054000007		CITY OR TO	OWN	HOLYOKI	Ε
APPLICATION FO	R RENEWAL:	Annual	L	ICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	SCOTT W.LUC	CHESI & FRANCIS	J. PIKE, JR			
DOING BUSINESS	A PIZZA D'ATIO	ON RESTAURANT				
ADDRESS 232 LYI	MAN STREET					
CITY/TOWN: HO	LYOKE	STATE: M	A ZIP COI	DE:	01040	
MANAGER: LUC SCO	CCHESI, T	YPE OF LICENSE:	Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF						
FIRST FLOOR, LY			XIT seating for	65		
I hereby certify and	-	of the same type for	the same promise	o nom	licancade	
		ith all laws of the Co	-			
	-	or business (If not ex		······································	o tanos, and	
SIGNED BY						
	Individual, Partr	ner or Authorized Co	rporate Officer			
DATE:	TELEPHO	ONE NUMBER:				TON NUMBER:
			(Note: <u>N</u>	OT Inc	lividual Social S	ecurity Number)
Acts of 2004, signe	d by the building	re in possession (1) inspector and the h of liquor liability in	ead of the fire d	epartı	ment for the	above
01 2010.				-		o of the Acts
Please Check Below:			LOCAL LI	CENS	SING AUTHO	
Please Check Below: APPROVED:			LOCAL LI By:	CENS	-	
Please Check Below: APPROVED: DISAPPROVED: [oio)			CENS	-	
Please Check Below: APPROVED:	ain)			CENS	-	
Please Check Below: APPROVED: DISAPPROVED: [ain)			CENS	-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 054000008		CITY OR TOWN	HOLYOKE	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 201	13
		CLASS		Y	/EAR
LICENSEE NAME:	99 RESTAURAN	NT OF BOSTON, LL	.C		
DOING BUSINESS	A 99 RESTAURA	ANT & PUB			
ADDRESS 50 HOL	YOKE ST				
CITY/TOWN: HO	LYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER:	T	YPE OF LICENSE:	Restaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		WEBSITE AND ENTER YOUR IISES:	EMAIL ADDRESS		
I hereby certify and s	swear under penalti	es of perjury that:			
-	_		ne same premises now	licensed;	
	•		nmonwealth relating to	o taxes; and	
3. the premi	ses are now open for	or business (If not ex	plain below)		
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		LIDENTIFICATION	
Acts of 2004, signed	d by the building i	nspector and the he	the certificate require ad of the fire departs surance required by	nent for the a	bove
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	RITY
DISAPPROVED:			By:		
(If disapproved expla	ain)				
-					
DATE:					



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LICENSE NUI	MBER: 054000010		CITY OR TOWN HOLYO	KE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: THE LOG CA	BIN BANQUET AND M	EETING HOUSE, INC	
DOING BUSIN	NESS A			
ADDRESS 500	DEASTHAMPTON R	D.		
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER:	ROSSKOTHEN, PETER C.	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PR			
ONE STORY I AREA	BLDG, OUTDOOR T	ERRACES, FIVE DININ	G ROOMS, LOUNGE, STOR.	AGE
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comr	nonwealth relating to taxes; and	d
3. the	premises are now open	n for business (If not expla	ain below)	
SIGNED BY	T 1' ' 1 1 D		OSS	
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:			EMBLOWED IDENTIFIES	A THOM AND COURT
DATE.	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
			· —	,
Acts of 2004,	signed by the buildin	g inspector and the head	e certificate required by Cha I of the fire department for th rance required by Chapter 1	ne above
of 2010.				
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(II disupproved	· enplum)			
DATE:				<u>—</u>



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LICENSE NU	MBER: 054000011		CITY OR TOWN HOLYOK	E
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI	AME: WYCKOFF CO NESS A 3 EASTHAMPTON RI			
CITY/TOWN:			7ID CODE: 01040	
MANAGER:		STATE: MA TYPE OF LICENSE: Re	ZIP CODE: 01040 staurant CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
FIRST FLOOP I hereby certify 1. the 2. the	N OF LICENSED PRE R, ONE COCKTAIL LO y and swear under penal renewed license will be licensee has complied	OUNGE, ONE DINING lties of perjury that: e of the same type for the	ROOM, same premises now licensed; monwealth relating to taxes; and	
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Chap d of the fire department for th rance required by Chapter 11	e above
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER	R: 054000012		CITY OR TO	WN HOLYOKI	E
APPLICATION FOI	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 158 ELM	A	NGE, INC.			
CITY/TOWN: HOI		STATE: MA	ZIP CODE	E: 01040	
MANAGER: SHO		PE OF LICENSE:		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
2. the licens	STORAGE 20 X 25	s of perjury that: The same type for the all laws of the Con	mmonwealth relati		
SIGNED BY	Individual, Partner	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT $f T$ Individual Social S	
Acts of 2004, signed	d, attest that we are d by the building in (2) the certificate of	spector and the he	ead of the fire dep	partment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUM	BER: 054000013		CITY OR TOW	N HOLYOKE	Ε
APPLICATION	FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	ME: GRIFFIN'S INC ESS A GRIFFIN'S CA HAMPDEN ST.				
CITY/TOWN:		STATE: MA	ZIP CODE:	01040	
MANAGER:		YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRE]
		R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	OF LICENSED PREM				
	ITCHEN, CELLAR F				
-	and swear under penalt			1: 4.	
		of the same type for the vith all laws of the Com	=		
	=	for business (If not exp	_	; to taxes, and	
	emises are now open i	tor ousiness (if not exp	Julii below)		
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, si	gned by the building	are in possession (1) the inspector and the heat of liquor liability ins	ad of the fire depar	rtment for the	above
Please Check Below	<u>:</u>		LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	apiani)				
DATE:					
APPLICATION FOR R	ENEWAL MUST BE FILED B	Y LICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMB	ER: 054000014		CITY OR TOWN HO	LYOKE
APPLICATION F	OR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: WPR 13, INC.			
DOING BUSINES	SS A THE CLOVER	PUB		
ADDRESS 00-104	HIGH STREET			
CITY/TOWN: H	OLYOKE	STATE: MA	ZIP CODE: 010	040
MANAGER: RIO P.	GALI, MICHAEL TY	/PE OF LICENSE:R	estaurant CATEO	GORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PREM	ISES:		
BAR, OUTSIDE I	DECK 40 X40 FT.			
I hereby certify and	d swear under penaltie	es of perjury that:		
1. the rene	ewed license will be o	f the same type for the	ne same premises now licen	sed;
2. the lice	nsee has complied with	th all laws of the Cor	nmonwealth relating to taxe	es; and
3. the prei	mises are now open for	or business (If not exp	plain below)	
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer	
DATE:	TELEPHO	NE NUMBER:		NTIFICATION NUMBER:
Acts of 2004, sign	ned by the building in	nspector and the he	he certificate required by ad of the fire department surance required by Chap	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	ріаіп)			
DATE:				
APPLICATION FOR REN	NEWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. C	Ch. 138 \$ 16A)



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LICENSE NU	MBER: 054000015		CITY OR TOWN HOLY	OKE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE N.	AME: DAVID P. CZI	ELUSNIAK, JR.		
DOING BUSI	NESS A ELIZUR'S			
ADDRESS 87	4 HAMPDEN STREET	Γ		
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 01040	0
MANAGER:	CZELUSNIAK, DAVID P. JR	TYPE OF LICENSE:R	estaurant CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
874 HAMPDE	EN ST., ONE STORY I	BLDG. CELLAR STOR	RAGE	
I hereby certify	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	ne same premises now licensee	d;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to taxes;	and
3. the	premises are now open	for business (If not exp	plain below)	
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTII (Note: <u>NOT</u> Individual So	FICATION NUMBER: ocial Security Number)
Acts of 2004,	signed by the building	g inspector and the he	he certificate required by C ad of the fire department for surance required by Chapte	r the above
Please Check Bel	ow:		LOCAL LICENSING AT	UTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	u expiain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000017	1	CITY OR TOWN HOLYOKE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: DON-SUE INC. DOING BUSINESS A UNICORN INN			
ADDRESS 126 HIGH ST.			
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: BERGERON, SUK- TYPE CHA	OF LICENSE: Innh	nolder CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	S:		
FOUR STORY BLDG, CELLAR FOR STO FLOOR, 8 ROOMS THIRD FLOOR	RAGE, 16 ROOMS	S AS FOLLOWS; 8 ROOMS SECOND	
I hereby certify and swear under penalties of	f perjury that:		
1. the renewed license will be of the	• •	-	
2. the licensee has complied with al			
3. the premises are now open for bu	siness (If not explai	in below)	
SIGNED BY	. A. 41	055	
Individual, Partner or	Authorized Corpor	rate Officer	
DATE: TELEPHONE			
TELEPHONE 1	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
		individual Social Security Number)	
Acts of 2004, signed by the building inspe	ector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054000019		CITY OR TOWN	HOLYOKE	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAI	R
LICENSEE NAME:	ROUND ROBIN C	OF HOLYOKE LLC			
DOING BUSINESS	A RED ROBIN GO	URMET BURGERS			
ADDRESS 27 HOL	YOKE STREET				
CITY/TOWN: HO	LYOKE	STATE: MA	ZIP CODE:	01040	
	NVERY, TYF RBARA	PE OF LICENSE: Re	staurant C.	ATEGORY: All A	Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
	LICENSED PREMIS				
	LLAR FOR STORAC				
•	swear under penalties wed license will be of		sama pramisas nou	licansad:	
	see has complied with	* *	-		
	ises are now open for		•		
SIGNED BY					
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
	Individual, Partner	or Authorized Corpo	orate Officer		
SIGNED BY DATE:		or Authorized Corpo	EMPLOYE	R IDENTIFICATION N	
			EMPLOYE	R IDENTIFICATION N lividual Social Security	
DATE: We the undersigned Acts of 2004, signed		E NUMBER: in possession (1) the spector and the head	EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir d of the fire depart	lividual Social Security ed by Chapter 304 ment for the above	Number) I of the
DATE: We the undersigne Acts of 2004, signe named license and	TELEPHONed, attest that we are	E NUMBER: in possession (1) the spector and the head	EMPLOYEI (Note: <u>NOT</u> Inc.) e certificate requirel of the fire departs ance required by	lividual Social Security ed by Chapter 304 ment for the above	Number) I of the e e Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHONed, attest that we are	E NUMBER: in possession (1) the spector and the head	EMPLOYEI (Note: <u>NOT</u> Inc.) e certificate requirel of the fire departs ance required by	ed by Chapter 304 ment for the above Chapter 116 of th	Number) I of the e e Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONed, attest that we are do by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire departer rance required by LOCAL LICENS	ed by Chapter 304 ment for the above Chapter 116 of th	Number) I of the e e Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHONed, attest that we are do by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire departer rance required by LOCAL LICENS	ed by Chapter 304 ment for the above Chapter 116 of th	Number) I of the e e Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONed, attest that we are do by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire departer rance required by LOCAL LICENS	ed by Chapter 304 ment for the above Chapter 116 of th	Number) I of the e e Acts



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LICENSE NUMB	ER: 054000021		CITY OR TOW	N HOLYOKI	E
APPLICATION F	OR RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAMI	E: CORNEAULIO	US ENTERPRISES, II	NC.		
DOING BUSINES	SS A MR. WENDE	LL'S			
ADDRESS 528 H	IGH ST.				
CITY/TOWN: H	OLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: W	ILLIS, WILLIE T	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PREM	MISES:			
FIRST FLOOR, C	ELLAR FOR STOR	AGE			
I hereby certify and	d swear under penalt	ties of perjury that:			
1. the rene	ewed license will be	of the same type for the	e same premises no	ow licensed;	
2. the lice	nsee has complied w	vith all laws of the Com	monwealth relatin	g to taxes; and	
3. the prei	mises are now open	for business (If not exp	lain below)		
SIGNED BY					
	Individual, Parts	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersign	nod attact that we u	are in possession (1) tl	no contificato moca	rined by Chant	on 201 of the
		inspector and the hea			
named license an		of liquor liability ins			
of 2010.					
Please Check Below:	_		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	1:)				
(If disapproved ex	piain)				
DATE:					
APPLICATION FOR REN	NEWAL MUST BE FILED B	SY LICENSEES DURING THE N	MONTH OF NOVEMBER		6A)
	DL I ILLD D	DOMING THE	Or 110 thirdh	- (UII. 100 \$ 1	,



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LICENSE NUMBE	2K: 054000022		CITY OR TOWN HOLT	JKE
APPLICATION FO	OR RENEWAL	: Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME	E: SPORTSMA	AN CAFE INC.		
DOING BUSINES	S A			
ADDRESS 162 HI	GH STREET			
CITY/TOWN: HO	OLYOKE	STATE: MA	A ZIP CODE: 01040	
MANAGER: WA	ALKOWICZ, LLIAM P.	TYPE OF LICENSE:	Restaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED P	PREMISES:		
FIRST FLOOR, CH	ELLAR STORA	AGE, 30 X 50 STORE AT	160 HIGH ST	
•	•	enalties of perjury that:		
		• 1	he same premises now licensed;	
	-		mmonwealth relating to taxes; as	nd
3. the pren	nises are now o	pen for business (If not ex	plain below)	
SIGNED BY	Individual,	Partner or Authorized Con	rporate Officer	
DATE:	TFI F	EPHONE NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
	TEEL	A HONE NOMBER.	(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, sign	ed by the build	ling inspector and the he	the certificate required by Cha ead of the fire department for isurance required by Chapter	the above
Please Check Below:	7		LOCAL LICENSING AU	ΓHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp				
	olain)			
(II disappioved exp	olain)			
(ii disappioved exp	olain)			
DATE:	olain)			



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LICENSE NUMBER: 054000	0023	CITY OR TOWN HOLYO	KE
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: P.J. BF	RENNAN INC.		
DOING BUSINESS A NICK	CO'NEILL'S		
ADDRESS 173-75 HIGH ST	REET		
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: BRENNAN, PATRICK J.	TYPE OF LICENSE: F	Restaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
FIRST FLOOR, FRONT DO	OR ENTRANCE, REAR EXIT	C,CELLAR FOR STORAGE	
I hereby certify and swear une	der penalties of perjury that:		
1. the renewed licens	se will be of the same type for the	he same premises now licensed;	
2. the licensee has co	omplied with all laws of the Con	mmonwealth relating to taxes; an	d
3. the premises are n	ow open for business (If not ex	plain below)	
SIGNED BY Individ	dual, Partner or Authorized Cor	porate Officer	
DATE:		EMBLOWER IDENTIFIC	LATION NUMBER
DATE.	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, signed by the	building inspector and the he	the certificate required by Cha ead of the fire department for t surance required by Chapter 1	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappiored explain)			
DATE:			
APPLICATION FOR RENEWAL MUST	BE FILED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054000027		CITY OR TOW	'N HOLYOKE
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A PIZZERIA UNC)	AGEMENT CORP.	
ADDRESS HOLYC	OKE MALL-INGLES	SIDE		
CITY/TOWN: HO	LYOKE	STATE: M	ZIP CODE:	01040
MANAGER: HUF STE	RWITZ, TY VEN	PE OF LICENSE:	Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V		UR EMAIL ADDRESS	
DESCRIPTION OF			AD ENTED ANCE E	DOM DA DENIGLOT
			SAR, ENTRANCE F	ROM PARKING LOT
I hereby certify and	swear under penalue ved license will be of	1 0 0	the same premises n	ow licensed:
	see has complied wit		_	
	ises are now open for			,
SIGNED BY				
	Individual, Partne	er or Authorized Co	orporate Officer	
	Individual, Partne	er or Authorized Co	orporate Officer	
	Individual, Partne	er or Authorized Co	orporate Officer	
DATE:		er or Authorized Co		YER IDENTIFICATION NUMBER:
			EMPLO	YER IDENTIFICATION NUMBER: Individual Social Security Number)
DATE: We the undersigned Acts of 2004, signed	TELEPHONed, attest that we ar	NE NUMBER: e in possession (1) aspector and the h	EMPLO' (Note: <u>NOT</u>) the certificate request	
DATE: We the undersigne Acts of 2004, signe named license and	TELEPHONed, attest that we ar	NE NUMBER: e in possession (1) aspector and the h	EMPLO' (Note: <u>NOT</u>) the certificate required insurance required	Individual Social Security Number) uired by Chapter 304 of the artment for the above
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHONed, attest that we ar	NE NUMBER: e in possession (1) aspector and the h	EMPLO' (Note: <u>NOT</u>) the certificate required insurance required	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONED, attest that we ared by the building in (2) the certificate o	NE NUMBER: e in possession (1) aspector and the h	EMPLO' (Note: NOT) the certificate required of the fire department	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHONED, attest that we ared by the building in (2) the certificate o	NE NUMBER: e in possession (1) aspector and the h	EMPLO' (Note: NOT) the certificate required of the fire department	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONED, attest that we ared by the building in (2) the certificate o	NE NUMBER: e in possession (1) aspector and the h	EMPLO' (Note: NOT) the certificate required of the fire department	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts



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LICENSE NUMBE	ER: 054000028		CITY OR TOWN HOLY	OKE
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME	: HILLSIDE HOLD	INGS, INORPORAT	ED	
DOING BUSINESS	S A EIGHTY JARVI	S		
ADDRESS 80 JAR	VIS AVENUE			
CITY/TOWN: HC	OLYOKE	STATE: MA	ZIP CODE: 01040)
	DRICH,ALEXA TY ER S.	PE OF LICENSE: Res	ctaurant CATEGO	RY: All Alcohol
EMAIL ADDRESS	3:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	F LICENSED PREMI			
	UE, ADDING 1600' 7 ING AN OUTDOOR		OM, EXPANDING THE K	ITCHEN
I hereby certify and	swear under penaltie	s of perjury that:		
1. the rene	wed license will be of	the same type for the	same premises now licensed	l;
2. the licen	see has complied with	n all laws of the Comn	nonwealth relating to taxes;	and
3. the prem	nises are now open for	business (If not expla	nin below)	
SIGNED BY				
	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual So	cial Security Number)
Acts of 2004, sign	ed by the building in	spector and the head	e certificate required by Cl l of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:	1-:)			
(If disapproved exp	nam)			
				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054000029		CITY OR TOWN HOL	LYOKE
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NAME	: DKM CORP			
DOING BUSINESS	S A SANDCASTLE	LOUNGE		
ADDRESS 2233 No	ORTHAMPTON ST	Γ		
CITY/TOWN: HO	LYOKE	STATE: MA	ZIP CODE: 010	40
MANAGER: KN	APP, DANIEL L. T	YPE OF LICENSE: Re	estaurant CATEG	ORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	CMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
			THREE ENTRANCES AN	
AUTHORIZE SER		CTION ROOM IN BA N 60X60 TENT ON	SEMENTPREMISES EX	KTENDED TO
PREMISES				<u> </u>
2. the licen	see has complied wi ises are now open for Individual, Partn	• •	orate Officer EMPLOYER IDEN	
Acts of 2004, signe	ed by the building i	nspector and the hea	ne certificate required by d of the fire department f urance required by Chap	or the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENSING A By:	AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 054000030		CITY OR TOWN	HOLYOKE	Ε
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	E.W.H. OF HOLY	OKE			
DOING BUSINESS	A PIRATE'S COVE	RESTAURANT &	: PUB		
ADDRESS 2 JONES	FERRY RD.				
CITY/TOWN: HOL	YOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: VETI	RE, CAROL A. TYP	'E OF LICENSE: R	estaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		EMAIL ADDRESS		
I hereby certify and s	wear under penalties	of perjury that:			
	_		e same premises now	licensed;	
2. the license	ee has complied with	all laws of the Com	nmonwealth relating to	taxes; and	
3. the premis	es are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer		
	·	·			
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: decurity Number)
Acts of 2004, signed	by the building ins	spector and the hea	he certificate require ad of the fire departi urance required by	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED: (If disapproved expla	in)				
(11 disappioved expla	III <i>)</i>				
DATE:					



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LICENSE NUMBER	R: 054000031		CITY OR TOW	'N HOLYOKI	E
APPLICATION FOR	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	JAMES A. CURR	AN			
DOING BUSINESS	A THE WHEREH	OUSE			
ADDRESS 109 LYN	MAN STREET				
CITY/TOWN: HOL	LYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: CUR A.	REN, JAMES TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:			
3RD AND 4TH FLO	OR OF BUILDING	, CABOOSE, ENTI	RE WHEREHOUS	SE? AND TERI	RACE.
I hereby certify and s	wear under penaltie	s of perjury that:			
1. the renew	ed license will be of	f the same type for the	e same premises n	ow licensed;	
2. the license	ee has complied with	h all laws of the Com	nmonwealth relatin	g to taxes; and	
3. the premis	ses are now open for	r business (If not exp	lain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signed	d by the building in	e in possession (1) the espector and the hear of liquor liability ins	ad of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	an)				
			-		
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY I	LICENSEES DURING THE ?	MONTH OF NOVEMBER	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NU	MBER: 054000032		CITY OR TOWN HOLTON	C
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N.	AME: FRANCO RESTA	URANT INC.		
DOING BUSI	NESS A			
ADDRESS 04	0-42 LYMAN STREET			
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER:	RAE, CHARLES C. TY	PE OF LICENSE: Re	staurant CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMI	ISES:		
2 ROOMS FIR	RST FLOOR			
I hereby certify	y and swear under penaltie	s of perjury that:		
1. the	renewed license will be of	f the same type for the	same premises now licensed;	
2. the	licensee has complied with	h all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now open for	r business (If not expl	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social S	
Acts of 2004,	signed by the building in	spector and the hea	e certificate required by Chapt d of the fire department for the trance required by Chapter 110	above
Please Check Bel	<u>ow:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI	· ——			
(If disapproved	i explain)			
DATE:				
	DENEWAL MICE DE EU DE EV	LIGENGEEG DUDDIG TUT	MONTH OF NOVEMBER 24 CT CT 122 A.	(A)
APPLICATION FOR	K KENEWAL MUST BE FILED BY I	LICENSEES DUKING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	0A)



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LICENSE NUMBER: 054000033		CITY OR TOWN HOLYOK	E
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: SOLUSION, INC DOING BUSINESS A DOBLE SEIS ADDRESS	<u>}</u>		
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
	YPE OF LICENSE: Res		: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREM BAR ROOM, DINING ROOM CELLA I hereby certify and swear under penaltic 1. the renewed license will be of 2. the licensee has complied wit 3. the premises are now open for	R FOR STORAGE, 2Nes of perjury that: If the same type for the the all laws of the Communication in the communicat	TD FLOOR S TORAGE. same premises now licensed; nonwealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we as Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the head	of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000036		CITY OR TOWN	HOLYOKE	Ε
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: BRENCARA, INC.				
DOING BUSINESS A GOLDEN HORSE	E CAFE			
ADDRESS 447 MAIN ST.				
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: BROWNE, SEAN TYP	E OF LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS ONE STORY BRICK BLDG, ONE ENTI I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for the significant of the significa	RANCE, TWO EXIT of perjury that: the same type for the all laws of the Comm	rs, LOUNGE, KIT same premises now monwealth relating ain below)	v licensed;	
DATE: TELEPHONI	E NUMBER:		R IDENTIFICAT dividual Social S	TION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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LICENSE NUMBER	1: 054000037		CI	IY OK IO	WIN	HOLIOK	<u>C</u>
APPLICATION FOR	R RENEWAL:	Annua	l	LIC	CENS	ED FOR 2	013
		CLASS	S				YEAR
LICENSEE NAME:	Open Square LLC						
DOING BUSINESS	A						
ADDRESS 110 Lym	an Street						
CITY/TOWN: HOL	LYOKE	STATE:	MA	ZIP CODE	∃:	01040	
MANAGER: Aubin	n, John TYPE	OF LICENS	E:Restauı	ant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
:	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER Y	OUR EMAIL	ADDRESS			
	LICENSED PREMISE						
	FT ON 1ST FLOOR, ITH THREE ENTRA			ND BANQ	UET A	AREA &	
I hereby certify and s	wear under penalties o	f perjury that:					
1. the renew	ed license will be of th	e same type fo	or the sam	ne premises	now 1	licensed;	
2. the license	ee has complied with a	ll laws of the	Common	wealth relati	ing to	taxes; and	
3. the premis	ses are now open for b	usiness (If not	explain b	pelow)			
SIGNED BY	Individual, Partner o	r Authorized	Corporate	Officer			
DATE:	TELEPHONE	NUMBER:					FION NUMBER: Security Number)
Acts of 2004, signed	d, attest that we are in I by the building insp (2) the certificate of li	ector and the	head of	the fire dep	partm	ent for the	above
Please Check Below:			L	OCAL LIC	ENSI	NG AUTH	ORITY
APPROVED:			В	sy:			
DISAPPROVED: (If disapproved explain	in)						
(11 disappioved expla	<i>)</i>		=				
DATE:					_		
APPLICATION FOR RENEW	VAL MUST BE FILED BY LIC	ENSEES DURING	THE MONTI	H OF NOVEMB	ER (M.	G.L. Ch. 138 \$ 1	6A)



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LICENSE NU	MBER: 054000038		CITY OR TOWN HOLYO	KE
APPLICATIO	N FOR RENEWAL	L: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: FOUR LYN	MAN, LLC		
DOING BUSI	NESS A FRANCII	E'S TAVERN		
ADDRESS 10	8 MAPLE ST			
CITY/TOWN:	: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER:	WEILGOSZ, DAVID	TYPE OF LICENSE:	Restaurant CATEGOR'	Y: All Alcohol
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VIS N OF LICENSED I	SIT OUR WEBSITE AND ENTER YOUR PREMISES:	EMAIL ADDRESS	
1. the 2. the	renewed license wi licensee has compli	• •	he same premises now licensed; mmonwealth relating to taxes; an plain below)	d
SIGNED BY	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELI	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004,	signed by the buil	ding inspector and the he	the certificate required by Cha ead of the fire department for t surance required by Chapter 1	he above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 GISUPPIO VOI	npmm)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FI	LED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUMBER: 054000040		CITY OR TOWN HOLYOKE	
APPLICATION FOR RENEWAI	L: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: RUBY TU	ESDAY, INC.		
DOING BUSINESS A RUBY TO	JESDAY		
ADDRESS HOLYOKE MALL A	T INGLESIDE		
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: ST. MARIE, CHRISTINA	TYPE OF LICENSE: Res	category: All Alcoh	ol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED 1	PREMISES:		
FULL SERVICE RESTAURANT MALL AT INGLESIDE ON THE		EEK LOCATED IN THE HOLYOKE	
I hereby certify and swear under p	enalties of perjury that:		
1. the renewed license wi	ll be of the same type for the	same premises now licensed;	
2. the licensee has compl	ied with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now of	open for business (If not expla	nin below)	
SIGNED BY			
Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER	
		(Note: NOT Individual Social Security Number	er)
Acts of 2004, signed by the buil	ding inspector and the head	e certificate required by Chapter 304 of th l of the fire department for the above rance required by Chapter 116 of the Act	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 054000041		CITY OR TOWN HOLYO	KE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BIANCA, INC.			
DOING BUSINESS A AMEDEO'S			
ADDRESS 8 NORTH BRIDGE ST.			
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: Saliba, Nelson Jr T	YPE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
FIRST FLOOR DINING AREA, CELL	AR FOR STORAGE		
I hereby certify and swear under penalti	es of perjury that:		
1. the renewed license will be o	of the same type for the	same premises now licensed;	
2. the licensee has complied wi	th all laws of the Comm	nonwealth relating to taxes; an	d
3. the premises are now open for	or business (If not expla	in below)	
SIGNED BY			
	er or Authorized Corpo	rate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
		(Note: NOT Individual Socia	al Security Number)
We the undersigned, attest that we a	_ , ,	2 0	•
Acts of 2004, signed by the building in named license and (2) the certificate			
of 2010.			
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENCEES DUDING THE M	ONTH OF MOVEMBER (M.C.). Ct. 120	¢ 16A)
ALL FICATION FOR VENEWAL MOST DE LIFED B.I	PICEUSEES DOKING THE MA	JIVITI OF NO VENIDER (IVI.U.L. Cfl. 138	φ 10 <i>M)</i>



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CITY OR TOWN HOLYOKE
al LICENSED FOR 2013
SS YEAR
MA ZIP CODE: 01040
SE:Restaurant CATEGORY: All Alcohol
YOUR EMAIL ADDRESS
DRAGE
::
for the same premises now licensed;
Commonwealth relating to taxes; and
et explain below)
Corporate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
(1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts
LOCAL LICENSING AUTHORITY
By:
By:
By:
By:



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	CITY OR TOWN HOLYOK	E
Annual	LICENSED FOR 2	013
CLASS		YEAR
STATE: MA	ZIP CODE: 01040	
OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
TE AND ENTER YOUR E	MAIL ADDRESS	
S:		
NTRANCE, REA	R EXIT	
perjury that:		
same type for the	same premises now licensed;	
laws of the Comr	monwealth relating to taxes; and	
siness (If not explain	ain below)	
Authorized Corpo	orate Officer	
NUMBER:	EMPLOYER IDENTIFICATE (Note: NOT Individual Social S	
ctor and the head	d of the fire department for the	above
	LOCAL LICENSING AUTH	ORITY
	By:	
NSEES DURING THE M	ONTH OF NOVEMBER (M.G.L., Ch. 138 \$ 1	6A)
	CLASS STATE: MA OF LICENSE: Res TE AND ENTER YOUR ET S: NTRANCE, REA perjury that: same type for the laws of the Comr siness (If not explain Authorized Corpo NUMBER: possession (1) the ctor and the head uor liability insu	Annual LICENSED FOR 2 CLASS STATE: MA ZIP CODE: 01040 OF LICENSE: Restaurant CATEGORY: TE AND ENTER YOUR EMAIL ADDRESS S: NTRANCE, REAR EXIT perjury that: same type for the same premises now licensed; laws of the Commonwealth relating to taxes; and siness (If not explain below) Authorized Corporate Officer TUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Suppossession (1) the certificate required by Chapter 116 LOCAL LICENSING AUTH



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LICENSE NUMBER: 05400004	6 C	TITY OR TOWN HOLYOKE
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: PEDLAR	INN, INC.	
DOING BUSINESS A YANKE	E PEDLAR INN	
ADDRESS 1864 NORTHAMPT	ON ST.	
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040
MANAGER: MCGRATH, KIMBERLY CLAYTON	TYPE OF LICENSE: Innho	lder CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EMAI	L ADDRESS
DESCRIPTION OF LICENSED	PREMISES:	
ON 3RD FLR. CARRIAGE HOU	USE, 7 ROOMS MAIN FLR,1 R ND FLR, 1 ROOM 3RD FLR. V	2 RMS ON SECOND FLR, 4 ROOMS ROOM 2ND FLR. 1950 HOUSE, 4 ICTORIAN HOUSE, 3 ROOMS,1ST
I hereby certify and swear under	penalties of perjury that:	
1. the renewed license w	vill be of the same type for the sa	me premises now licensed;
2. the licensee has comp	lied with all laws of the Commo	nwealth relating to taxes; and
3. the premises are now	open for business (If not explain	below)
SIGNED BY Individual	l, Partner or Authorized Corpora	te Officer
marviadas	, i dither of radiofized corpora	ic officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TEL	EFHONE NUMBER.	(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the bui	llding inspector and the head o	ertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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LICENSE NUMBER	: 054000048		CITY OR TOWN	HOLYOKE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ATP INC.			
DOING BUSINESS A	A IVORY BILLIAR	DS LOUNGE		
ADDRESS 151 CHE	STNUT STREET			
CITY/TOWN: HOL	YOKE	STATE: MA	ZIP CODE:	01040
MANAGER: LUCC F.	CHESI, PAUL TYPI	E OF LICENSE: Res	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
F	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
A ONE STORY BRIG BLDG. IS APPROX. THE ALLEY.				R STORAGE. THE AGE DOOR FACING
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of the	ne same type for the	same premises now	licensed;
2. the license	e has complied with a	all laws of the Comn	nonwealth relating t	o taxes; and
3. the premis	es are now open for b	ousiness (If not expla	in below)	
SIGNED BY	Individual, Partner o	or Authorized Corpo	rate Officer	
DATE				
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(140te. <u>1401</u> III)	iividuai sociai security ivuilibei)
Acts of 2004, signed	by the building insp	pector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved explain	in)			
DATE.			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054	000050	CITY OR TOWN	HOLYOKE
APPLICATION FOR REN	NEWAL: Annual	LICENS	SED FOR 2013
	CLASS	S	YEAR
LICENSEE NAME: POI	ISH NATIONAL ALLIANCE	GROUP #525	
DOING BUSINESS A PI	LSUDSKI PARK		
ADDRESS OLD COUNT	Y ROAD		
CITY/TOWN: HOLYOK	E STATE:	MA ZIP CODE:	01040
MANAGER: WOLANII	N, FRANKTYPE OF LICENSI	E:Club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICES CAMP AREA, KITCHEN I hereby certify and swear 1. the renewed lice 2. the licensee has 3. the premises are SIGNED BY	ALSO VISIT OUR WEBSITE AND ENTER YOUNGED PREMISES: BAR, CELLAR STORAGE under penalties of perjury that: ense will be of the same type for complied with all laws of the Oce now open for business (If not vidual, Partner or Authorized Oce	or the same premises now Commonwealth relating to explain below)	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed by t	est that we are in possession (he building inspector and the e certificate of liquor liability	head of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NU	MBER: 054000051		CITY OR TOWN HOLYO	KE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: CORICH CO	RP.		
DOING BUSI	NESS A MEL'S RES	TAURANT		
ADDRESS 49	0 PLEASANT ST.			
CITY/TOWN:	: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER:	FITZPATRICK, RICHARD	TYPE OF LICENSE:R	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
FIRST FLOOI	R, THREE ROOMS,	CELLAR FOR STORAG	E	
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now licensed;	
2. the	licensee has complied	d with all laws of the Con	nmonwealth relating to taxes; ar	ıd
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY	Individual, P	artner or Authorized Corp	porate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004,	signed by the buildi	ng inspector and the he	he certificate required by Cha ad of the fire department for t surance required by Chapter 1	he above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	d explain)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NU	MBER: 054000053		CITY OR TOWN HOLTOKE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: UNITED FORCE	ES POST #351 INC.	
DOING BUSI	NESS A		
ADDRESS 50	SAINT KOLBE DRIVE		
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 01040
MANAGER:	KOS LECCA, TY KRISTIAN	PE OF LICENSE: Ve	terans club CATEGORY: All Alcohol
EMAIL ADDE	RESS:		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTIO	N OF LICENSED PREM	ISES:	
TWO ROOMS	S, FIRST FLOOR, HALL	SECOND FLOOR	
I hereby certify	and swear under penaltic	es of perjury that:	
1. the	renewed license will be o	f the same type for the	same premises now licensed;
2. the	licensee has complied with	th all laws of the Com	monwealth relating to taxes; and
3. the	premises are now open for	or business (If not expl	ain below)
SIGNED BY	Individual, Partno	er or Authorized Corp	orate Officer
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building in	nspector and the hea	the certificate required by Chapter 304 of the d of the fire department for the above arance required by Chapter 116 of the Acts
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVI			
(If disapproved	i explain)		
			
DATE:			
	DENEWAL MICE DE EU ES SY	I ICENGEEG DUBBIC TV	MANUFILOE MOVEMBER (M.C.L. Ct. 129 ft 1/4)
APPLICATION FOR	KENEWAL MUST BE FILED BY	LICENSEES DUKING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 054000056		CITY OR TOWN HOLY	OKE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
DOING BUSI	NESS A	E CAFE OF HOLYOKE I	NC.	
	4-26 SO.BRIDGE ST		GTD GODE 04040	
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER:	DOMINICK, JOSEPH	TYPE OF LICENSE: Re	estaurant CATEGOI	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
THREE ROOM	MS, FIRST FLOOR, C	CELLAR STORAGE		
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	e same premises now licensed	;
2. the	licensee has complied	with all laws of the Com	monwealth relating to taxes; a	and
3. the	premises are now ope	n for business (If not expl	lain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	signed by the buildir	ng inspector and the hea	ne certificate required by Ch d of the fire department for urance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a expiaiii)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	D BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 13	38 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000057	C	CITY OR TOWN HOLYOK	E
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: HOLYOKE TUI DOING BUSINESS A ADDRESS 624-26 SO.BRIDGE ST.	RN VEREIN		
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
	YPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREM FIRST FLOOR BAR, RATHSKELLED I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open for	R, SECOND FLOOR GY ies of perjury that: of the same type for the sa ith all laws of the Commo	ame premises now licensed; onwealth relating to taxes; and	
SIGNED BY Individual, Parti	ner or Authorized Corpora	ate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head o	of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 054000059		CITY OR TOWN	HOLYOKE
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME: DOING BUSINESS				YEAR
ADDRESS 497 High	n St			
CITY/TOWN: HOI	LYOKE	STATE: MA	ZIP CODE:	01040
MANAGER: ROS	ARIO, CRUZ T	YPE OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
		WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	R WITH A SEATIN	IISES: NG AREA. THE AREA RAGE AREA IN THE		APPROXIMATELY
2. the licens	ee has complied wi	of the same type for the ith all laws of the Comor business (If not expl	monwealth relating t	
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the building i	inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 054000060		CITY OR TOWN HOLY	OKE
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE N	AME: HAMEL'S C	CARTERING,		
DOING BUSI	NESS A HAMEL'S	CATERING		
ADDRESS 55	5 NORTHAMPTON	N ST		
CITY/TOWN	: HOLYOKE	STATE: MA	ZIP CODE: 01040	0
MANAGER:	HAMEL, MICHAEL R.	TYPE OF LICENSE: R	Restaurant CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
2520 'FIRST	FLOOR			
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	he same premises now license	d;
2. the	licensee has complie	ed with all laws of the Cor	mmonwealth relating to taxes;	and
3. the	premises are now op	en for business (If not ex	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
	ILL	THORE WOMBER.	(Note: NOT Individual Se	ocial Security Number)
Acts of 2004,	signed by the build	ling inspector and the he	the certificate required by C ad of the fire department fo surance required by Chapte	r the above
Please Check Bel			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 disappiove	а слріані)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILI	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 054000061		CITY OR TOWN	HOLYOKI	Ξ
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
	E: RIGALI ENTERP		AURANT		
ADDRESS 920 M	AIN STREET				
CITY/TOWN: HO	OLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: RIO P.	GALI, MICHAEL TY	PE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:]
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
	F LICENSED PREMI				
	ND OPEN AIR DECK		PERTY.		
-	d swear under penalties			1' 1	
	ewed license will be of nsee has complied with		_		
	nises are now open for		•	.o taxes; and	
5. the prei	inses are now open for	business (if not exp.	am below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
	TEEETHON	L NOWIDEK.	(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054000062		Cl	TY OR TOWN	HOLYOKE	Ξ
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	ISED FOR 20)13
		CLA	SS			YEAR
LICENSEE NAME:	PAPER CITY PO	ST #325 AME	RICAN LI	EGION INC.		
DOING BUSINESS	A PAPER CITY PO	OST #325 AM	ERICAN I	LEGION, INC.		
ADDRESS 22 SYC	AMORE STREET					
CITY/TOWN: HO	LYOKE	STATE:	MA	ZIP CODE:	01040	
	NIJAK, TY CHAEL E.	PE OF LICEN	SE: Vetera	ns club C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF						
ONE ROOM EACH				T FLOOR STO	RAGE	
I hereby certify and	•				1 4.	
	wed license will be of see has complied with			_		
	ises are now open for			J	o taxes, and	
SIGNED BY						
5161.22 51	Individual, Partne	r or Authorized	l Corporat	e Officer		
DATE:	TELEPHON	NE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
				(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are d by the building in (2) the certificate o	spector and tl	ne head of	the fire depart	ment for the	above
Please Check Below:]	LOCAL LICENS	SING AUTHO	ORITY
APPROVED:]	Ву:		
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 054000064		CITY OR TOWN HOLY	OKE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	PR 2013
		CLASS		YEAR
LICENSEE N.	AME: AIR-DELL	INC.		
DOING BUSI	NESS A THE CLUI	B HOUSE		
ADDRESS 25	0 WESTFIELD RD.			
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 01040)
MANAGER:	AIROLDI, GEORGE E.	TYPE OF LICENSE: F	Restaurant CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	<u></u>
DESCRIPTIO	N OF LICENSED P	REMISES:		
FIRST FLOOI	R, THREE ROOMS			
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	he same premises now licensed	l;
2. the	licensee has complie	ed with all laws of the Cor	mmonwealth relating to taxes;	and
3. the	premises are now op	en for business (If not ex	plain below)	
SIGNED BY	Individual, I	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	signed by the build	ing inspector and the he	the certificate required by Clead of the fire department for surance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)		-	
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 054000065		CITY OR TOWN	HOLYOKE	Ξ
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	FITZGERALD'S I	NC. OF HOLYOK	3		
DOING BUSINESS	A FITZGERALD'S	PIZZA & MORE			
ADDRESS 224 WE	STFIELD ROAD				
CITY/TOWN: HO	LYOKE	STATE: MA	ZIP CODE:	01040	
	ZGERALD, TY HAEL F.	PE OF LICENSE:R	estaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF		SES:			
DINING ROOM 27					
I hereby certify and				1:	
	ved license will be of see has complied with		=		
	ises are now open for		_	to taxes, and	
1	1	` 1	,		
SIGNED BY					
SIGNED BY	Individual, Partner	r or Authorized Cor	porate Officer		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
SIGNED BY DATE:		r or Authorized Cor	EMPLOYE	R IDENTIFICAT	
			EMPLOYE	R IDENTIFICAT dividual Social S	
DATE: We the undersigne Acts of 2004, signe		NE NUMBER: e in possession (1) tespector and the hea	EMPLOYE (Note: NOT Ir he certificate required of the fire depar	dividual Social S red by Chapt tment for the	er 304 of the above
DATE: We the undersigne Acts of 2004, signenamed license and	TELEPHON d, attest that we are d by the building in	NE NUMBER: e in possession (1) tespector and the hea	EMPLOYE (Note: NOT Ir he certificate required of the fire depar	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHON d, attest that we are d by the building in	NE NUMBER: e in possession (1) tespector and the hea	EMPLOYE (Note: <u>NOT</u> Ir he certificate required by surance required by	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED: []	TELEPHONed, attest that we are d by the building in (2) the certificate of	NE NUMBER: e in possession (1) tespector and the hea	EMPLOYE (Note: NOT In the certificate required of the fire departure required by LOCAL LICEN	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHONed, attest that we are d by the building in (2) the certificate of	NE NUMBER: e in possession (1) tespector and the hea	EMPLOYE (Note: NOT In the certificate required of the fire departure required by LOCAL LICEN	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED: []	TELEPHONed, attest that we are d by the building in (2) the certificate of	NE NUMBER: e in possession (1) tespector and the hea	EMPLOYE (Note: NOT In the certificate required of the fire departure required by LOCAL LICEN	dividual Social S red by Chapt tment for the Chapter 116	er 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 054000066		CITY OR TOWN	HOLYOKE
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICEN	NSED FOR 2013 YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 200 WI	S A J.P.'S PIZZA	AND SANDWICH SH	ОР	ILAK
CITY/TOWN: HC	OLYOKE	STATE: MA	ZIP CODE:	01040
	VELLE, T ANCES D.	YPE OF LICENSE:R	estaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREM	MISES:		
120 SEAT DINING	G ROOM, ONE ST	ORY BLOCK BUILD	ING, LOUNGE ARE	EA, REAR STORAGE
I hereby certify and	l swear under penalt	ies of perjury that:		
1. the rene	wed license will be	of the same type for th	e same premises nov	v licensed;
2. the licen	see has complied w	rith all laws of the Con	nmonwealth relating	to taxes; and
3. the prem	nises are now open	for business (If not exp	olain below)	
SIGNED BY	Individual Dart	ner or Authorized Cor	poreto Officer	
	marviduai, Part	ner of Authorized Cor	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, sign	ed by the building	inspector and the he	ad of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:]		By:	
DISAPPROVED:				
(If disapproved exp	olain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000067		CITY OR TOWN	HOLYOKE	E
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS		,	YEAR
LICENSEE NAME: Holyoke Hospita	lity LLC			
DOING BUSINESS A HOLIDAY INN	J			
ADDRESS 245 WHITING FARMS RI)			
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: Davis, Martin T	YPE OF LICENSE: Inn	holder CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM 213 ROOMS, 14 MEETING ROOMS, I hereby certify and swear under penalti 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	LOUNGE es of perjury that: of the same type for the ith all laws of the Comm	same premises now nonwealth relating to nin below)		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	. IDENTIFICAT ividual Social Se	
We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	inspector and the head	l of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN HOLYOKE
LICENSED FOR 2013
YEAR
3. #902
ZIP CODE: 01040
tb CATEGORY: All Alcohol
AR FOR STORAGE same premises now licensed; monwealth relating to taxes; and ain below)
orate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts
LOCAL LICENSING AUTHORITY By:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	2K: 054000069		CI	IY OR TOWN	HOLTOKI	2
APPLICATION FO	OR RENEWAL:	Annua	ıl	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME	E: OBIE KNOX LO	ODGE OF ELKS	#1568 IN	C.		
DOING BUSINES	S A					
ADDRESS 18 1/2	SPRING ST.					
CITY/TOWN: HO	OLYOKE	STATE:	MA	ZIP CODE:	01040	
	UCKEY, T ANSFIELD SR.	YPE OF LICENS	E:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER Y	YOUR EMAIL	ADDRESS		_
DESCRIPTION O	F LICENSED PREM	MISES:				
6 ROOMS, SECO	ND FLOOR, ONE F	ROOM STORAGE	3			
I hereby certify and	l swear under penalt	ies of perjury that	:			
1. the rene	wed license will be	of the same type f	or the san	ne premises now	licensed;	
2. the licer	nsee has complied w	rith all laws of the	Common	wealth relating to	o taxes; and	
3. the pren	nises are now open f	for business (If no	t explain l	pelow)		
SIGNED BY	Individual, Parti	ner or Authorized	Corporate	e Officer		
DATE:	TELEPHO	ONE NUMBER:		EMPLOYER (Note: NOT Ind		CION NUMBER:
Acts of 2004, sign	ned, attest that we a ned by the building d (2) the certificate	inspector and the	e head of	the fire departs	ment for the	above
Please Check Below:			I	OCAL LICENS	SING AUTH	ORITY
APPROVED:			F	By:		
DISAPPROVED:						
(If disapproved exp	olain)		-			
			=			
DATE:			_			
APPI ICATION FOR DEN	EWAL MUST BE FILED B	Y I ICENSEES DURING	THE MONT	H OF NOVEMBER (M	[G], Ch 138 ¢ 1/	6A)
ALLECATION FOR KEN	THAT MOST BELIEFD D	T PICEINDEED DOVING	THE MONT	LI OI TYO Y EIVIDEK (IVI	UII. 130 D I	U1 1)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05400	0070	CITY OR TOWN HOLTON	L
APPLICATION FOR RENE	EWAL: Annual	LICENSED FOR 2	.013
	CLASS		YEAR
LICENSEE NAME: JTF H DOING BUSINESS A PAT			
ADDRESS 7 CABOT ST			
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: DIAZ, JEFF	REY TYPE OF LICENSE:P	cackage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS			
ONE STORY BLDG, STOR			
	nder penalties of perjury that:		
	se will be of the same type for the	-	
	<u>*</u>	nmonwealth relating to taxes; and	
3. the premises are i	now open for business (If not exp	plain below)	
SIGNED BY Indivi	dual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED:		LOCAL LICENSING AUTH	ORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 054000072		CITY OR TOWN HOLTO	NE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		MS PACKAGE STORE	, INC.	
CITY/TOWN:	: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER:	PIERZCHALSKI, GRZEGORZ	TYPE OF LICENSE:Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
STORE FIRST	Γ FLOOR, SIDE ROOM	M, CELLAR STORAGE		
	premises are now open	tner or Authorized Corp		d
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 054000073		CITY OR TOWN	HOLTOKE
APPLICATIO:	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSII		X PACKAGE STORE IN RHORN'S SEAFOOD &		
CITY/TOWN:		STATE: MA	ZIP CODE:	01040
MANAGER:	FITZGERALD,	TYPE OF LICENSE:P		ATEGORY: All Alcohol
	MICHAEL J.			
EMAIL ADDI		OUR WEBSITE AND ENTER YOUR	EMAH ADDDESS	
DESCRIPTIO!	N OF LICENSED PR		EMAIL ADDRESS	
2. the	licensee has complied premises are now open	be of the same type for the d with all laws of the Conen for business (If not expanded artner or Authorized Corp	nmonwealth relating to	
DATE:	TELEF	PHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 0540000/4		CITY OR TOWN HOLT	UKE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
	AME: TRAK II CO NESS A RACING N	ONVENIENCE LLC MART FUELS		
ADDRESS 330	0 MAIN STREET			
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 01040)
MANAGER:	KAYROUZ, ROBERT	TYPE OF LICENSE:P	ackage Store CATEGOI	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
TWO ROOMS	S, FIRST FLOOR, C	ELLAR STORAGE		
	premises are now op	ed with all laws of the Consen for business (If not expended) Partner or Authorized Corp		and
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICENSING AU By:	JTHORITY
(If disapproved				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 054000075		CITY OR TOWN HOL	IUKE
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
	AME: LPS, INC NESS A DILLONS I	PACKAGE STORE		
CITY/TOWN:		STATE: MA	ZIP CODE: 0104	10
MANAGER:	WIECZOREK, MAREK	TYPE OF LICENSE:Pa		
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PF S , FIRST FLOOR, C	REMISES: ELLAR AND SECOND I	FLOOR STORAGE	
2. the	licensee has complied premises are now open			
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER: Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING A By:	UTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 054000076		CITY OR TOWN HOLYO	KE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	ME: SHIVES COR	₹P		
ADDRESS 648 I	HIGH STREET			
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: P	ANDIT, UREKHA	TYPE OF LICENSE: Pa	ckage Store CATEGORY	Y: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
	emises are now ope	d with all laws of the Comen for business (If not expanded)		d
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED (If disapproved e	D:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000077		CITY OR TOWN HOLYOK	E
APPLICATION FOR RENEWAI	L: Annual	LICENSED FOR 2	.013
	CLASS		YEAR
LICENSEE NAME: DEEPALI DOING BUSINESS A B.J. LIQU ADDRESS 54 CANAL ST			
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE: 01040	
MANAGER: PATEL, BIMAL	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS DESCRIPTION OF LICENSED I	SIT OUR WEBSITE AND ENTER YOUR PREMISES:	EMAIL ADDRESS	
2. the licensee has compl	ll be of the same type for th	e same premises now licensed; amonwealth relating to taxes; and lain below)	
SIGNED BY Individual,	Partner or Authorized Corp	porate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000078		CITY OR TOWN	HOLYOKE	E
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: LFFHO,INC.				
DOING BUSINESS A LIQUORS 44				
ADDRESS 44 LINCOLN ST				
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: BIELA, JOHN M. TYP	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS LARGE SALES AREA IN FRONT WITH I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for the	I REAR AREA FOR of perjury that: he same type for the all laws of the Comr	same premises now		
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer		
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 054000079		CITY OR TOWN HOL	IUKE
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
	AME: RANI, CORP NESS A JUBINVILI	LE PACKAGE STORE		
ADDRESS 37	0 MAIN ST			
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 0104	40
MANAGER:	PATEL, SONIYA M.	TYPE OF LICENSE:P	ackage Store CATEGO	ORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR R, CELLAR STORAC			
	premises are now ope	I with all laws of the Conen for business (If not expenses) artner or Authorized Corp		; and
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual	TIFICATION NUMBER: Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING A By:	LUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 054000080		CITY OR TOWN HOLYOF	Œ
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	ME: HOLYOKE LIQU ESS A HOLYOKE LIQ			
ADDRESS 2217	19 NORTHAMPTON S	TREET		
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE: 01040	
	SHANAHAN, TY EROME	PE OF LICENSE: Pac	ckage Store CATEGORY	: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	SES:		
	remises are now open for			
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below APPROVED: DISAPPROVED (If disapproved e):		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 054000081		CITY OR TOWN HOLTONE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
DOING BUSI	AME: KRUNAL ENTERPRISES NESS A ONE STOP DISCONT I		ONVENIENCE
ADDRESS 16	3-65 SUFFOLK ST		
CITY/TOWN:	HOLYOKE ST.	ATE: MA	ZIP CODE: 01040
MANAGER:	PATEL, HEMANT TYPE OF I KUMAR	LICENSE: Pac	ckage Store CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EM	MAIL ADDRESS
DESCRIPTIO	N OF LICENSED PREMISES:		
	Γ FLOOR, CELLAR STORAGE A y and swear under penalties of perj		E STORAGE
	licensee has complied with all law premises are now open for busines Individual, Partner or Aut	ss (If not expla	ain below)
DATE:	TELEPHONE NUM	IBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICENSING AUTHORITY By:
(If disapproved			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054000	083	CITY OR TOWN I	HOLYOKE
APPLICATION FOR RENEW	VAL: Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: SHRIJI	202 CORP		
DOING BUSINESS A ROUT	TE 202 LIQUORS		
ADDRESS 518 WESTFIELD	RD		
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE:	01040
MANAGER: PATEL, VIMA	AL TYPE OF LICENSE:Pa	ackage Store CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
2. the licensee has con	ELD RD, REAR EXIT	nmonwealth relating to ta	
SIGNED BY Individe	ual, Partner or Authorized Corp	oorate Officer	
DATE: T	ELEPHONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	IG AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J54000085		CITY OR TOW.	N HOLIUKI	C	
APPLICATION FOR I	RENEWAL:	Annual LICENSED FOR			013	
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 225 WHIT		7				
CITY/TOWN: HOLY	OKE	STATE: MA	ZIP CODE:	01040		
MANAGER: TIERN	EY, NEIL E TYF	PE OF LICENSE: Pac	kage Store	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
2. the licensee	ROOMS, REAR Sear under penalties license will be of has complied with	STORAGE	nonwealth relating			
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer			
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICES By:	NSING AUTH	ORITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 054000088		CITY OR TOWN HOLYOKE			
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR			
		CLASS			YEAR	
	AME: SARABSON' NESS A SHOP N GO					
		STATE: MA	ZIP CODE:	01040		
CITY/TOWN:		~		01040		
MANAGER:	NAWAZ, SAGHEER	TYPE OF LICENSE:	Package Store Ca	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		-	
DESCRIPTION	N OF LICENSED PR	EMISES:				
CONVENIEN	CE STORE, FRONT	AND REAR EXITS				
I hereby certify	and swear under pen	alties of perjury that:				
1. the	renewed license will	be of the same type for t	he same premises now	licensed;		
2. the	licensee has complied	l with all laws of the Co	mmonwealth relating to	o taxes; and		
	=	en for business (If not ex	_	- ··· · · · · · · · · · · · · · · · · ·		
	r	()	r,			
SIGNED BY	Individual, Pa	artner or Authorized Con	porate Officer			
D.A.TE						
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
			(Note. <u>NOT</u> III)	iividuai Sociai S	ecurity Number)	
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:	110110	SKIT I	
DISAPPROVE	ED:		Dy.			
(If disapproved	l explain)					
DATE:						
DAIL.						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 054000089		CITY OR TOWN HOLYOKE		
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR		
		CLASS			YEAR
	ME: MANUEL ALICIA ESS A MANNY'S MARK	ET			
ADDRESS 155	-57 SARGENT ST				
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER:	ALICIA, MANUEL TYPE	E OF LICENSE: Pac	ckage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION	OF LICENSED PREMISE	ES:			
STORE FIRST	FLOOR, CELLAR STORA	GE,AREA 6600'			
I hereby certify	and swear under penalties of	of perjury that:			
1. the re	enewed license will be of th	e same type for the	same premises now	licensed;	
2. the li	censee has complied with a	ll laws of the Com	nonwealth relating to	taxes; and	
3. the p	remises are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NIIMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEEETHOTE	TOMBER.	(Note: NOT Individual Social Security Number)		
Please Check Below	<u>v:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 054000091		CI	CITY OR TOWN HOLYOKE			
APPLICATION FO	ION FOR RENEWAL: Annual LICENSED FO			ENSED FOR 20	013		
		CLA	SS			YEAR	
LICENSEE NAME:	HOLYOKE KNIC	GHTS OF COL	UMBUS B	LDG ASSOC	C. #90		
DOING BUSINESS	A						
ADDRESS 250 WE	STFIELD ROAD						
CITY/TOWN: HO	LYOKE	STATE:	MA	ZIP CODE:	01040		
MANAGER: GER EDV	ACHTY, TY VARD	PE OF LICEN	SE:Club		CATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_	
DESCRIPTION OF	LICENSED PREMI	ISES:					
	see has complied with ises are now open for Individual, Partne	r business (If n	ot explain b	pelow)			
DATE:	TELEPHON	NE NUMBER:			/ER IDENTIFICAT Individual Social S		
Acts of 2004, signe	d, attest that we are d by the building in (2) the certificate o	spector and t	he head of	the fire depa	rtment for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)			OCAL LICE By:	NSING AUTHO	ORITY	
DATE:			-				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 054000093		CITY OR TOWN	HOLYOKE	E	
APPLICATION FOR RENEWAL:			LICEN	SED FOR 20	PR 2013	
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 161-63 I			RANT			
CITY/TOWN: HO		STATE: MA	ZIP CODE:	01040		
MANAGER: FER		PE OF LICENSE:	Restaurant C.	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR W. LICENSED PREMIS		R EMAIL ADDRESS			
 the renew the licens 		the same type for t	he same premises now mmonwealth relating t plain below)			
SIGNED BY	Individual, Partner	or Authorized Con	porate Officer			
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)	
Acts of 2004, signe	d by the building in	spector and the he	the certificate required of the fire departs	ment for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHO	ORITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054000095		CITY OR TOWN	HOLYOKE	E
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS	,				
ADDRESS 420 SO	UTH STREET				
CITY/TOWN: HO	LYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: KN	APP,DANIEL L. TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBS		IAIL ADDRESS		-
 the renev the licen 	swear under penalties of wed license will be of the see has complied with al ises are now open for bu	e same type for the ll laws of the Comn	nonwealth relating to		
	Individual, Partner or	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Lain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED BY LICE	ENSEES DURING THE MO	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 054000096		CITY OR TOWN	HOLYOKE	E
APPLICATION	N FOR RENEWAL:	Annual	ual LICENSED FOR 2013		
		CLASS			YEAR
DOING BUSIN	ME: RAHIM YAR I NESS A STOP & GO HILLSIDE AVE.	INC. CONVENIENCE STO	DRE		
CITY/TOWN:	HOLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER:	KASHIF, IRFAN	TYPE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
DESCRIPTION	PLEASE ALSO VISIT OF N OF LICENSED PRE	UR WEBSITE AND ENTER YOUI EMISES:	R EMAIL ADDRESS		
1. the r 2. the l	premises are now open	e of the same type for t with all laws of the Co for business (If not ex	-		
	Individual, Par	tner or Authorized Con	porate Officer		
DATE:		7325447 IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	054000097		CITY OR TOW	IN HOLIUKI	<u>C</u>
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 801 HIGH					
			ZID CODE	01040	
CITY/TOWN: HOL		STATE: MA	ZIP CODE:		
MANAGER:	ТҮРЕ (OF LICENSE: Pac	kage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBSTI ICENSED PREMISES		MAIL ADDRESS		
	TO PACKAGE STORE		WITH ITS OW	N ENTRANCE	AND
2. the license	d license will be of the e has complied with all es are now open for bus Individual, Partner or A	laws of the Comn iness (If not expla	nonwealth relatin		
DATE:	TELEPHONE N	UMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					
APPLICATION FOR RENEW.	AL MUST BE FILED BY LICEN	SEES DURING THE M	ONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 10	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	054000099		CITY OR TOWN HOLYOKE			
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR	2013	
		CLASS		YEAR		
	LUIS A. ALVARADO CORNERS DELIGH	Γ				
CITY/TOWN: HOLY		STATE: MA	ZIP CODI	E: 01040		
	RADO, LUIS TYPE C			CATEGORY	: Wine and Malt Regular	
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR WEBSIT		EMAIL ADDRESS			
	ICENSED PREMISES:					
	ON HIGH ST. EXIT TO LLSO HAS A DOOR E			OR OFFICE AN	ND _	
2. the licensee	d license will be of the se has complied with all less are now open for busing	aws of the Con	nmonwealth relat		I	
2101,22 21	Individual, Partner or A	Authorized Corp	oorate Officer			
DATE:	TELEPHONE N	UMBER:		OYER IDENTIFIC <i>A</i> DT Individual Social		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC	CENSING AUTI	HORITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 054000100		CITY OR TOWN HOLYOKE			
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS	ANJUM P. KHAWA A UNION MART	JA				
ADDRESS 297 APR	REMONT HIGHWAY					
CITY/TOWN: HO	LYOKE	STATE: MA	ZIP CODE:	01040		
MANAGER: SAF	EER, GHULAM TYPE	OF LICENSE: P	ackage Store C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS			
	LICENSED PREMISE					
	E FACED APREMEN' RANCE TO THE BAC				TREET,	
2. the licens 3. the premi	ed license will be of the ee has complied with a ses are now open for bu	ll laws of the Con	nmonwealth relating			
SIGNED BY	Individual, Partner o	r Authorized Corp	oorate Officer			
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)						
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTHORITY By:			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J54000101		CITY OR TOV	VN HOLTOKI	2
APPLICATION FOR I	RENEWAL:	Annual LICENSED FOR			013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 539 PLEAS	7-11	n			
CITY/TOWN: HOLY	OKE	STATE: MA	ZIP CODE	: 01040	
MANAGER: Grewel	, Mohiner TYF	PE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LI ONE STORY BUILD	CENSED PREMIS		EMAIL ADDRESS		
2. the licensee	l license will be of has complied with	the same type for the all laws of the Combusiness (If not exp	monwealth relati		
	Individual, Partner	or Authorized Corp	orate Officer		
DATE: TELEPHONE NUMBER: Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		E NUMBER:		YER IDENTIFICAT	
			LOCAL LICI By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	054000104		CITY OR TOWN	N HOLYOKI	Ε	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS A		ΓAURANT				
ADDRESS 264-68 RA		171010111				
CITY/TOWN: HOLY		STATE: MA	ZIP CODE:	01040		
MANAGER:		OF LICENSE: Res		CATEGORY:	All Alachal	
_	TIPE	OF LICENSE: Re	staurant	CATEGORI:	All Alconol	
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEBS	TIPE AND ENTED VOLID E	MAII ADDRESS			
DESCRIPTION OF L			MAIL ADDRESS			
I hereby certify and sw	rear under penalties of	f perjury that:				
1. the renewed	l license will be of the	same type for the	same premises no	w licensed;		
	has complied with al		_	to taxes; and		
3. the premise	s are now open for bu	isiness (If not expl	ain below)			
SIGNED BY						_
	Individual, Partner or	: Authorized Corpo	orate Officer			
DATE:	TELEPHONE I	NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:	
			(Note: NOT)	ndividual Social S	Security Number)	
We the undersigned, Acts of 2004, signed						
named license and (2 of 2010.						
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						
D1111.						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	054000111		CITY OR TOWN	HOLYOKE	E	
APPLICATION FOR	RENEWAL:	Annual	Annual LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS A						
ADDRESS 435 APPI	LETON ST.					
CITY/TOWN: HOLY	YOKE	STATE: MA	ZIP CODE:	01040		
MANAGER: VICTO	OR RAMOS T	YPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
DESCRIPTION OF L		RWEBSITE AND ENTER YOUR E	MAIL ADDRESS			
2. the licensee	d license will be on the has complied we has are now open f	of the same type for the ith all laws of the Comfor business (If not explanation)	monwealth relating to			
	Individual, Partr	ner or Authorized Corp	orate Officer			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	ORITY	
DATE:						
APPLICATION FOR RENEWA	AL MUST BE FILED BY	Y LICENSEES DURING THE M	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN	HOLYOKE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		YEA	AR
LICENSEE NAME: RAINDOG LLC				
DOING BUSINESS A PICKLES PUB & P	IZZERIA			
ADDRESS 910 HAMPDEN STREET				
CITY/TOWN: HOLYOKE	STATE: MA	ZIP CODE:	01040	
MANAGER: DULUDE, RENE D. TYPE	OF LICENSE: Res	taurant Ca	ATEGORY: Al	l Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS DESCRIPTION OF LICENSED PREMISE.		AIL ADDRESS		
I hereby certify and swear under penalties of 1. the renewed license will be of the		same premises now	licensed:	
2. the licensee has complied with al		_		
3. the premises are now open for bu	siness (If not expla	in below)		
SIGNED BY Individual, Partner or	· Authorized Corpor	rate Officer		
DATE: TELEPHONE	NUMBER:		. IDENTIFICATION ividual Social Securi	
DATE: TELEPHONE I We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	possession (1) the	(Note: NOT Ind	ividual Social Securi ed by Chapter 3 nent for the abo	ty Number) 04 of the ve
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license and (2) the certificate of license and (3) the certificate of license and (4) the certificate of license and (5) the certificate of license and (6) the certificate of license and (7) the certificate of license and (8) the license and (8) the certificate of license and (8) the license and (8)	possession (1) the	(Note: NOT Ind	ed by Chapter 3 nent for the abo Chapter 116 of t	04 of the ve the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED:	possession (1) the	(Note: <u>NOT</u> Ind certificate require of the fire departi rance required by	ed by Chapter 3 nent for the abo Chapter 116 of t	04 of the ve the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED: DISAPPROVED:	possession (1) the	(Note: NOT Ind certificate require of the fire departs rance required by	ed by Chapter 3 nent for the abo Chapter 116 of t	04 of the ve the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED:	possession (1) the	(Note: NOT Ind certificate require of the fire departs rance required by	ed by Chapter 3 nent for the abo Chapter 116 of t	04 of the ve the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED: DISAPPROVED:	possession (1) the	(Note: NOT Ind certificate require of the fire departs rance required by	ed by Chapter 3 nent for the abo Chapter 116 of t	04 of the ve the Acts